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ABSTRACT

The University of Oregon developed a rural personnel preparation training program for early intervention personnel. The program was centered in a targeted rural area in Oregon for each of 3 years and graduated 8 students per year for a total of 24 trainees. The content of the program was designed to develop competencies in infant and child development, family, program management, professional development, and service delivery. An emphasis of the program was on practica activities in the trainees' locale. The didactic coursework took place 12 hours monthly at a site in the rural community. One core course in early intervention was taught each quarter at the rural site, in addition to completion of 4 practicum hours. A three-term interdisciplinary issues seminar (1 credit hour each term) was also offered. This seminar provided students the opportunity to learn about the roles/responsibilities of medical and allied health professionals and about transdisciplinary and interagency approaches in early intervention. Evaluation results suggest high student satisfaction with coursework, supervisors, and instructors. This report outlines goals and objectives, the program's theoretical and conceptual framework, description of the model and participants, methodological or logistical problems, evaluation results, program impact, and future activities. An appendix contains correspondence that documents participants' responses. (Contains 14 references.) (JDD)

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ED 368 111

Preparation of Personnel to Work in Rural Areas

The Rural Early Intervention Training Project

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H029J00053
CFDA: 029Q

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II. ABSTRACT

The Rural Early Intervention Training Project

An Early Education Program for Children with Disabilities

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Project Director

A critical need exists for early intervention personnel on a local, state and national level. This need is even more pressing in rural areas where there are often no trained specialists and few trained teaching and ancillary staff. Public Law 99-457 as well as a growing awareness of the importance and impact of early intervention have moved these personnel needs to the forefront.

To meet this demand for Early Intervention teachers and specialists, the University of Oregon proposed the Rural Early Intervention Training Project, a rural personnel preparation training program. This program was centered in a targeted rural area in Oregon for each of three years and graduated 8 students per year for a total of 24 trainees in 3 years. Optional summer programs leading to a Master's degree and special education certification were available.

The content of this rural training program was designed to assist students in developing the following competency areas: 1) infant and child development; 2) family; 3) program management; 4) professional development; and 5) service delivery.

An emphasis of this program was on practica activities in the trainees' locale. These practica sites were at current job placements for trainees who were employed, and at community early intervention programs for those trainees who were not employed in early intervention programs. A practicum supervisor visited these sites bi-monthly in order to supervise practica training and guarantee a link between didactic and practica content and experience.

The didactic coursework took place 12 hours monthly at a site in the rural community. A different coursework site encompassing a specified rural Oregon area was chosen for each of the three years. Instructors from the University of Oregon and the practicum supervisor traveled to this site to conduct coursework. Distance training techniques were available for additional contact with instructors and the practicum supervisor. Trainees were offered the option of attending the University of Oregon in the Summer for additional classes toward a Master's degree and/or special education certification.

One core course (3 credit hours) in early intervention was taught each quarter at the rural site in addition to completion of 4 practicum hours. A three-term interdisciplinary issues seminar (1 credit hour each term) was also offered. This

seminar provided students the opportunity to learn about the roles/responsibilities of medical and allied health professionals and about transdisciplinary and interagency approaches in early intervention.

Evaluation results suggested high student satisfaction with coursework, supervisors, and instructors. In addition, results on the Self-Rating Instrument for Assessing Professional Knowledge and Skills in Early Intervention reflected a significant positive linear trend in self-ratings for 14 of 16 comparisons.

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IV. GOALS & OBJECTIVES

A pressing and immediate need exists for rural based early intervention personnel who are specifically prepared to work with infants, toddlers, and preschoolers who are at-risk or disabled and their families. While this need has been evident for some time (see for example: U.S. House of Representatives Report, 1986), the situation has worsened dramatically since states have begun to implement P.L. 99-457 (Smith, 1988). P.L. 99-457 has resulted in the increase of identified infants and young children with disabilities requiring early intervention services. Recent studies have indicated that personnel shortages will increase as states continue to expand early intervention services (Johnson, Kilgo, Cook, Hammitte, Beauchamp, & Finn, 1992).

Effective intervention with infants, toddlers, and preschoolers who are at-risk and disabled demands personnel with special training. In almost all states, sufficient and appropriately trained personnel are not currently available to staff early intervention programs (Burke, McLaughlin & Valdivieso, 1988). The lack of trained and qualified personnel working in rural areas is an even greater problem confounded by difficulties with staff recruitment and retention.

Based on the need for improving the skills of early intervention personnel in rural Oregon, two goals of the Rural Early Intervention Training Project (REITP) were identified. The primary goal was to graduate 24 master's level early interventionists over a three-year period. Included in this goal were the following four objectives which aim to prepare students to: a) provide quality family-centered early intervention services to infants, toddlers and preschoolers who are at-risk or disabled who reside in rural areas; b) facilitate the integration of children with disabilities into community-based programs; c) assess and evaluate child/family progress and program effectiveness within a variety of service delivery models with an emphasis on integrated settings; and d) operate effectively within an interagency, interdisciplinary team approach.

A secondary goal was to improve community-based services in rural areas. This goal included the objectives: a) to provide advanced training in theoretical content and practical application in early intervention emphasizing state-of-the-art intervention; and, through the effort of cooperating sites, b) to implement individualized training and practice models that serve families and children as well as provide quality training experiences for intervention personnel.

V. THEORETICAL AND CONCEPTUAL FRAMEWORK

Based on the need for improving the skills of early intervention personnel in rural areas, the philosophy of this personnel preparation program was developed, reflecting a focus on technical skills as well as an emphasis on critical thinking and reflective practice. The mission of the REITP was to prepare graduate students for direct and indirect roles that support the growth and development of infants, toddlers, and preschoolers who are disabled, or at-risk for disabilities, and their

families. The training program content and process reflected several national assumptions regarding early intervention best practice standards. These values and assumptions included:

1. Need to address the multiple roles of the early interventionists;
2. Need to develop conceptual and pragmatic linkages between course work, practicum and supervision;
3. Need to use the community as a training site;
4. Need to address the focus of interagency and interdisciplinary collaboration in early intervention (Campbell, 1990);
5. Need for university-community partnerships (Bailey, Palsha, & Huntington, 1990);
6. Need to individualize training;
7. Need to empower the student (Schon, 1987);
8. Need to respect and value diversity.

The conceptual framework of the child intervention model was based on a developmental perspective with the application of curricular content governed by behavioral principles. A transactional model (Sameroff & Chandler, 1975) provided the lens through which the developing child was viewed within the environment, while a family involvement or ecological perspective guided the focus of intervention efforts. An activity-based intervention approach (Bricker & Cripe, 1992) was encouraged as the intervention strategy of choice.

VI. DESCRIPTION OF THE MODEL AND PARTICIPANTS

The Rural Early Intervention Training Project was modeled after the on-campus Early Intervention Master's level training program; however, it differed in several important ways. First, this program provided training for early intervention personnel working in rural sites who could not attend a university site. Second, the emphasis was broadened to focus on the preparation of early interventionists working with infants, toddlers, and preschoolers in rural areas. Third, the curricular emphasis centered on the rural area's community-based, interagency approaches and resources.

Coursework requirements for REITP students were the same as for the on-campus early intervention students; students registered for 45 units of graduate coursework, including a master's project which was completed during Year 2. The outline of coursework is presented in Table 1. The schedule for coursework was devised to accommodate personnel working full-time or part-time in early intervention programs as well as university personnel traveling to the rural sites. Classes were conducted once a month from October through June on a Thursday afternoon and evening, and all day the following Friday. A central location was chosen for classes, such as a community college or education service district in the community. Substitute monies from the grant were available to the trainee's program to cover hours missed during the monthly Friday session.

Table 1
Rural Early Intervention Project Early Intervention Course Schedule

Fall	Winter	Spring	Summer (on campus)
Linked System 3 credits	Family Guided Intervention 3 credits	Assessment & Curriculum 3 credits	Language Assessment/ Intervention 3 credits
Interdisciplinary Issues 1 credit	Interdisciplinary Issues 1 credit	Interdisciplinary Issues 1 credit	Research Design 3 credits
Practicum 4 credits	Practicum 4 credits	Practicum 4 credits	On-campus Early Intervention Practicum 3 credits
			Behavior Management 2 credits
			Advanced Psychology of Disability 3 credits
Year 2			
Fall			
Master's Project Proposal & Study 7 credits ongoing			

A variety of teaching strategies were used in order to effectively present information. These strategies included lectures, problem-solving activities, simulated exercises, and application exercises. A sample class agenda is contained in Table 2. In addition, local resources were used to enhance the utility of the information. Resources included speakers representing ethnic groups in the locale, local parents, physicians, specialists, and members of the county interagency coordinating council. Locally-produced videotapes, model programs, and written materials were highlighted. Students were also encouraged to share their areas of expertise.

Table 2
Sample Fall Term Training Agenda

Month 1 Time	Content	Activity
Thursday	Overview of Class	
4:00 - 9:00	Historical Perspectives of and Rationale for EI	Lecture Individual Activity Student Discussion
	Reflective Practitioner	Group Activity Lecture Role Playing
Friday	Legal Foundations Federal/State	Lecture
8:30 - 4:30		Guest Speaker
	Theories of Development	Lecture Video
	Linked System Approach	Lecture Small Group Activity Case Studies
	Prenatal Development (Typical & Atypical)	Lecture Video Student Discussion
	Perinatal Development (Typical and Atypical)	Lecture Newborn Assessment Review
	Introduction to Interdisciplinary Class	Lecture Large Group Activity

During the summer session, students attended the University of Oregon 8-week summer session in order to complete required on-campus coursework and specialized practica. In addition, students began their master's project, including a literature search and project outline. Students completed these projects when they returned to their rural locale during the subsequent year. (See Table 1 for the course outline.) All early intervention faculty were available for advising and consultation for these projects.

Practicum and Supervision

Supervised practicum experiences were central to the success of this rural training program. Trainees were supervised twice monthly at their rural work site by the practicum supervisor from the University of Oregon. The supervisor: (a) oversaw the completion of program competencies including the writing and evaluation of a competency contract each quarter; (b) observed students in their practicum sites and gave feedback on intervention and consultation skills; (c) assisted in the linkages between coursework and practice; (d) acted as liaison between practicum sites and the University; and (e) completed project evaluation forms. Each visit with a student was scheduled for 2 hours, with the first hour allotted for observation of intervention or consultation skills, and the second hour dedicated to discussing the observation, reviewing the quarterly competency contract, and discussing linkages between coursework and practicum experiences.

Recruitment of Students

Each year, a different rural locale spanning 3-4 counties in Oregon was targeted, and 8-10 students from this area were recruited. A map outlining the three areas targeted by the REITP is contained in Figure 1. Recruitment was carried out through announcements mailed to local education and developmental disabilities agencies, education service districts, and the local county interagency early intervention councils. Students were ranked on the basis of professional experience, letters of recommendation, college records, a statement of career goals/philosophy, and a match with Early Intervention program goals. Consistently more applications were received than funded positions; additional qualified students were encouraged to participate in classes and project activities as resources allowed. Eight students participated each year with 2-4 additional rural students participating in some aspect of the program. Participants and agencies are listed in Table 3.

Figure 1. Three Areas Targeted by the REITP in Years 1, 2 and 3

Table 3
Participating Rural Students and Agencies

Year 1	Year 2	Year 3
Shirley Stinson Family Consultant/Parent Trainer Child Development Center Rogue Valley Medical Center	Barb Lyons Early Intervention Case Manager Deschutes Co. Mental Health	Bernadette Robinson Teacher/Assistant Teacher Lincoln Co. School District Early Intervention
Dolores Dunne Family Consultation Coordinator (Parent Training) Child Development Center Rogue Valley Medical Center	Peggy Freund Coordinator Larson Learning Center Jennifer Norris Edwards Instructional Assistant Alyce Hatch Center	Tony Parque Special Education Teacher Lincoln Co. School District Mary Corey Parent Educator Curry Co. Education Service District
Sue Kline Assistant Director Child Development Center Rogue Valley Medical Center	Paula Mills Preschool Coordinator Buidling Blocks Early Intervention Program for Jefferson Co.	Saundra Montre Teaching Assistant Lincoln Co. Early Intervention
Susan Opdahl Occupational Therapist Douglas Co. Education Service District	Jodi Eagan Family Service Coordinator Building Blocks Early Intervention Program for Jefferson Co.	Robyn Medici ESL Teacher Lincoln Co. School District
Mary Davidson Early Intervention Teacher Douglas County Education Service District	Sandra Jordon Regional Consulting Nurse, Central Oregon	Jill Luther Child Therapist Ollala Treatment Center Laurie Campbell
Blaine Anderson MED Case Manager Josephine Co. Mental Health	Regional Program, Bend-LaPine Schools	Intake Specialist Children's Services Division
Joyce Van Anne Early Intervention Teacher Josephine Co. Mental Health Program	Elaine Redman Integration/Early Intervention Specialist Deschutes Co. Mental Health	Susan Hutchinson Teacher Lincoln Co. Early Intervention
Pam Thompson Arbogast Early Intervention Supervisor Josephine Co. Mental Health Program	Pat Braden Program Specialist Residential Assistance Program	

Participants

Participants were students enrolled in the Rural Early Intervention Training Project during Years 1, 2 and 3 (N = 27). (Additional students who were not supported by grant monies are included.) Years of experience, discipline or field of undergraduate training, position of employment and agency can be found in Tables 4, 5, 6 and 7.

Table 4
Years of Experience of Rural Students

n	%	Years of Experience
7	26	0-3 years
6	22	4-7 years
8	30	8-11 years
6	22	12-16 years

Table 5
Discipline/Training of Rural Students

n	%	Discipline
3	11	Psychology
5	18	Social Services
1	5	Speech
3	11	OT/PT
5	18	Special Education and Related
4	15	Medical/Health
1	4	Early Childhood
5	18	Other

Table 6
Position of Rural Student

n	%	Job Description
9	33	EI Specialist/Supervisor/Coordinator
3	11	Family Consultant
3	11	Case Manager
2	8	Occupational Therapist
4	15	Preschool/Classroom Teacher
1	5	Physical Therapist
1	5	Assessment Specialist
2	7	Special Education Teacher
1	5	Other

Table 7
Agency of Rural Students

n	%	Agency
10	37	Early Intervention Agency
7	26	Education Agencies (School District, ESD)
5	18	Mental Health/DD
4	15	Allied Health/EI
1	4	Protective Services

Linked System Approach

A linked system approach in which the content of coursework, practicum experiences and competencies, and evaluation measures directly corresponded was emphasized throughout the span of this rural project. Each major topic covered in coursework was reflected in the competencies completed that quarter. In addition, topics were linked from quarter to quarter, which in turn were tied to program competencies. Bi-monthly meetings of the supervisor, course instructors, and coordinator assured that these linkages were ongoing.

REITP Evaluation Measures

The REITP evaluation plan paralleled the evaluation plan for the on-campus master's degree program. A list of measures is contained in Table 8. Quarterly feedback was given to staff, and program modifications were made based on student and staff evaluations. Annual evaluation data were summarized and used for yearly planning sessions each summer.

The Self-Rating Instrument For Assessing Professional Knowledge and Skills in Early Intervention: A self-rating tool linked to program competencies was developed to measure the initial needs of students as well as subsequent acquisition of knowledge and skills. An instrument based on self-ratings was chosen because these tools encourage professionals to be more reflective about their instructional and clinical practices (Bodine, 1973) and may increase the correspondence between self-reported and observed behaviors (Koziol & Burns, 1986; Hoover & Carroll, 1987). Sample items from the Self-Rating Instrument can be found in Figure 2.

Table 8

Early Intervention Evaluation Measures and Administration Schedule

Measure	Purpose	Administration Schedule	Completed By
Initial Program Evaluation Survey	Used to collect demographic information and information regarding previous professional employment, affiliations, and activities	Beginning of first term in program	Practicum Student
Self-Rating Instrument (SRI)	Used to assist students in communicating to the practicum supervisor what they consider to be their most significant training needs based on prior experience	Beginning of each term	Practicum Student
Evaluation of Student	Used to evaluate student performance in critical areas	Mid and End of each term	University Supervisor along with Cooperating Professional
Course Evaluation Form	Used to evaluate courses	End of each term	Practicum Student
Evaluation of Instructor	Used to evaluate instructors	End of each term	Practicum Student
Practicum Evaluation Form	Used to evaluate practicum placements, practicum seminars, and supervison models	End of each term	Practicum Student
Cooperating Professional Program Evaluation Survey Form	Used to evaluate student peformance in University or community practicum site	End of each term in program	Cooperating Professional
Supervisor Evaluation Form	Used to evaluate practicum supervisor	End of each term	Practicum Student
Overall Program Evaluation Form	Used to evaluate overall program	End of last term in program	Practicum Student
Follow-up Program Evaluation Survey Form	Used to collect retrospective ratings of program components, and of the adequacy of the program in preparing graduates for varied roles in present positions.	Graduation	Student

Figure 2. Items from Self-Rating Instrument for Assessing Professional Knowledge and Skills in Early Intervention (Ryan-Vincek & Losardo, 1987).

1.0 INFANT & CHILD DEVELOPMENT	Level of Knowledge	Level of Skill
1.1 Knowledge of biological and environmental factors contributing to the development of the fetus	0 1 2 3 4 5	0 1 2 3 4 5
1.2 Knowledge of theories and learning characteristics of typical child development in infants and young children	0 1 2 3 4 5	0 1 2 3 4 5
1.3 Knowledge of theories and characteristics of infants and young children with atypical development	0 1 2 3 4 5	0 1 2 3 4 5
2.0 ASSESSMENT		
2.1 Identification, administration, and interpretation of appropriate assessments for use with young children	0 1 2 3 4 5	0 1 2 3 4 5
2.2 Knowledge and use of appropriate assessment procedures, including adaptations and accommodations for the infant and young child with special developmental needs	0 1 2 3 4 5	0 1 2 3 4 5
2.3 Knowledge, selection, and use of appropriate assessment tools and strategies with infants and young children and their families	0 1 2 3 4 5	0 1 2 3 4 5
2.4 Ability to accurately and appropriately interpret and report assessment results	0 1 2 3 4 5	0 1 2 3 4 5
3.0 INTERVENTION		
3.1 Knowledge of curriculum models, service delivery options, program planning, and intervention strategies that relate to infants and young children with special needs and their families	0 1 2 3 4 5	0 1 2 3 4 5

Knowledge: understanding, or level of information
Skill: ability, application of knowledge
Rating scale: 0=not applicable; 1=very little; 3=some; 5=high

This rating scale is adapted from Essential Early Education in Vermont: Instrument for Assessing Essential Early Education Quality Indicators (1987) by Susan Ryan-Vincek and Angela Losardo

Areas on the instrument included: Infant and child development; assessment; intervention; evaluation; family; service delivery; program management; and professional development. For each of the areas, master students made two ratings. First, students rated their knowledge in each area, defined as understanding or level of information. Second, students rated their skill, defined as ability or application of knowledge. Each dimension of knowledge and skill was rated on a scale from 0 to 5, where 0=not applicable, 3=some, 5=high. Each item on the scale directly corresponded to a competency item; areas rated lowest--in greatest need--were targeted as high priority competencies. Reliability and validity of this instrument are reported elsewhere (Squires & Ryan-Vincek, under review).

VII. METHODOLOGICAL OR LOGISTICAL PROBLEMS OR DEPARTURES FROM OBJECTIVES

There were no departures from original objectives or planned activities.

VIII. EVALUATION RESULTS

Data Collection

Students completed the evaluation measures as outlined in Table 8. The Self-Rating Instrument, a tool devised for this project, was completed at the beginning of each quarter (i.e., fall, winter, spring) and as a post-test at the end of their coursework (summer quarter). Because of the beginning of the grant period and field-testing of the instrument, pre-test results from Year 1 were not completed until the beginning of winter quarter.

Results

Students consistently rated coursework, practica, and supervisors in the "good"-"excellent" range, with numerical values corresponding to "4"-"5" on a 5-point Likert scale (see Figure 2). Mean ratings of satisfaction of coursework, instructor, and supervisors can be found in Table 9. On the Self-Rating Instrument, a within subjects ANOVA testing the hypothesis of a positive linear trend was significant for 14 of 16 comparisons (see Table 10).

Table 9

Means and Standard Deviations of Student Overall Satisfaction Ratings of Coursework, Instructor, and Supervisors for Years 1990-91, 1991-92, and 1992-93

Evaluation Area	1990-1991							
	Fall 1990		Winter 1991		Spring 1991		Summer 1991	
	x	SD	x	SD	x	SD	x	SD
1. Coursework	4.38 (N=12)	0.53	3.69 (N=13)	0.85	3.77 (N=13)	0.73	3.53 (N=10)	0.77
2. Instructors	4.55 (N=11)	0.52	3.73 (N=13)	1.01	4.08 (N=13)	0.90	3.63 (N=10)	0.48
4. Supervisors	4.75 (N=4)	0.50	4.50 (N=12)	0.91	4.63 (N=13)	0.65	4.50 (N=10)	0.53

Evaluation Area	1991-1992							
	Fall 1991		Winter 1992		Spring 1992		Summer 1992	
	x	SD	x	SD	x	SD	x	SD
1. Coursework	4.00 (N=8)	0.38	4.17 (N=6)	0.52	3.80 (N=5)	0.76	3.72 (N=7)	1.06
2. Instructors	3.94 (N=8)	0.56	3.83 (N=6)	0.82	4.20 (N=5)	0.45	3.43 (N=8)	0.45
4. Supervisors	4.88 (N=8)	0.35	4.50 (N=6)	0.55	5.00 (N=5)	0.00	5.00 (N=5)	0.00

Evaluation Area	1992-1993							
	Fall 1992		Winter 1993		Spring 1993		Summer 1993	
	x	SD	x	SD	x	SD	x	SD
1. Coursework			4.58 (N=9)	0.43	4.39 (N=9)	0.65	3.86 (N=7)	0.69
2. Instructors			4.61 (N=9)	0.49	4.63 (N=9)	0.70	4.46 (N=7)	0.51
4. Supervisors	5.00 (N=9)	0.00	4.56 (N=9)	0.88	3.75 (N=8)	1.49	4.43 (N=7)	1.13

Table 10
Self-Rating Instrument: Area Means and Trend Analysis for Rural Students
(N=27)

Area	Term		
	Fall	Winter	Summer
Infant & Child Development			
Knowledge **	3.20	3.88	4.09
Skills ***	2.94	3.66	3.90
Assessment of Infants & Young Children			
Knowledge ***	2.32	2.82	3.79
Skills ***	2.32	2.69	3.61
Intervention with Infants & Young Children			
Knowledge ***	2.56	3.55	4.22
Skills ***	2.45	3.40	3.96
Program Evaluation			
Knowledge **	2.79	3.00	3.84
Skills ***	2.74	2.78	3.63
Family-Guided Intervention			
Knowledge ***	3.20	3.73	4.51
Skills ***	3.39	3.55	4.38
Service Delivery			
Knowledge *	2.98	3.43	4.30
Skills *	2.96	3.24	3.94
Program Management			
Knowledge ***	3.27	3.83	4.25
Skills **	3.23	3.59	4.08
Professional Development			
Knowledge	3.83	4.14	4.50
Skills	3.80	3.93	4.37

* $p < .05$
** $p < .01$
*** $p < .001$

IX. PROJECT IMPACT

Twenty-four early interventionists working in rural areas received intensive training as a result of this project. In terms of evaluation findings, students rated their satisfaction with supervisors, instructors, coursework, and practica each quarter. All aspects of this project received very-good to excellent ratings, indicating high satisfaction by participants with the quality of the program. Letters and

telephone calls from participants such as the letters in Appendix A have been frequent.

One additional measure, a self-rating measure of skill and knowledge, provided a mechanism for early interventionists to rate their own knowledge and skills in 8 areas of competence. Early interventionists in the program indicated that their knowledge and skills significantly increased across 7 areas on the rating scale from Fall through Summer, the final term of studies; knowledge relating to professional skills and team collaboration was not rated as significantly different at post-test. One explanation for less change in this area could be that trainees were students with an average of almost 8 years of professional experience who were already knowledgeable about professional skills and team collaboration and had developed these skills throughout their professional careers. Supervisors observing students' intervention skills on-site reported skill improvements, collaborating these self-ratings with informal observation notes. In addition, coursework instructors noted increases in students' skills related to coursework products and discussions, again collaborating these improvements and the additional improvements in intervention knowledge.

Data provided support for the use of self-rating measures in a preservice program as both a needs assessment as well as an evaluation measure. Early interventionists gave themselves the lowest ratings in their ability to use appropriate assessment procedures on the pretest; following the year of coursework and practicum, significant increases were seen in most areas, with the greatest changes in areas related to assessment. Knowledge of the functions of assessment and the selection of appropriate assessment tools were two focus areas of the curriculum.

One related benefit of this rural project included the formation of university-rural community partnerships at each site. These partnerships developed primarily through three mechanisms. First, supervisor contact with rural program directors and staff informed rural sites of the project; project staff in turn became alerted to the resources and personnel of the rural program. Second, through coursework, interventionists not enrolled in the project but from the area were invited to participate in lectures or classes according to their interests. In turn, specialists from the rural locale were asked to present information in these classes, resulting in an interplay between "university" instruction and the realities of rural service delivery. Third, during the on-campus summer quarter, rural students became familiar with on-campus students and recruited graduates for their locale. The programs of rural areas became known to on-campus faculty who could then highlight accomplishments in class discussions. The wealth of expertise and information combined with the rich, interdisciplinary perspectives of the rural students were acknowledged by early intervention faculty and have added to the richness of the summer experience for both faculty and students.

A second important benefit pertains to the retention of personnel in rural areas. At least one-third of graduates each year have reported receiving either a salary raise

and/or a promotion due to participation in this rural training project. In addition to improving the quality of services, the stability and satisfaction of staff have increased in these rural areas.

Dissemination Activities

The project dissemination plan can be found in Table 10. Dissemination in terms of papers and presentations have been completed throughout the project. In addition, a paper has been submitted to *Rural Special Education Quarterly* and a final evaluation paper will be submitted to *Topics in Special Education* in 1994. An REITP handbook for students was completed at the end of Year 1 and has been revised every year. Handbooks for project staff for coursework and supervision were completed by the end of Year 1 and have been updated yearly.

X. FUTURE ACTIVITIES

In addition to the dissemination activities mentioned above, the REITP has been refunded and will continue to serve rural locales in Oregon. Formative and summative evaluation activities continue.

The Self-Rating Instrument continues to be studied by Drs. Squires and Ryan-Vincek. Data analyses are on-going with a publication planned for 1994.

XI. ASSURANCE STATEMENT

A full final report has been sent to ERIC and abstracts/executive summaries have been mailed to the 13 specified agencies.

Table 11
Project Dissemination Plan

Type	Steps	Audience	Timeline	Status
Personnel	Completion of coursework	Nationwide Early Intervention Programs, Universities, Teacher Training Programs	8 students each year	Completed
Information Publications	Papers submitted to professional journals	Regional, statewide, national professional journals	To be submitted 1/92-1/94	Paper submitted 11/93. Regional summaries disseminated 1/92-11/93. Final evaluation paper to be completed by 1/94
Presentations	1. Abstracts accepted to state-wide meetings 2. Abstract accepted to national meeting	1. Regional, statewide 2. National	10/90, 6/91 11/91	Presentations made 10/91, 7/91, 8/92, 7/93. Presentation made to Division of Early Childhood National Meeting, 11/91
Products	Handbook written and compiled during Year 1	Students regional, statewide, national	Completed 6/91; revised as needed	
Coursework & Supervisor Handbooks	Written and compiled during Year 1. Completed course and reading outlines, supervisory guidelines	Students regional, statewide, national	Completed 6/91; revised and updated as needed	

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Appendix A
Participant Responses

Jane Squiers
Center on Human Development
University of Oregon
901 E. 18th Ave.
Eugene, Or. 97403

Blaine Anderson
1721 Limpy Ck. Rd.
Grants Pass, Or.
97527

Dear Jane,

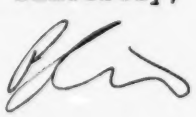
I want to let you know that I spoke with the folks at the Graduate School and the College of Education. I was informed that it looks like I'm all set to graduate. They indicated that the only thing left to be done is for you to change my grade at the end of this term. I'm excited about getting my degree!

I also wanted to thank you for everything that you've done to help me. The kind things that you've said about my academic skills, and all the encouragement and support that you've furnished have helped me to complete this process, and to feel good about what I've accomplished.

I am excited about focusing my career on providing services for children. Although I know that you can't refer to my work skills, I was hoping that I might be able to use you as a reference in my search for a new position. Perhaps you might be able to comment on my communication skills or writing abilities, or just you're general impressions about me. I would appreciate this.

Because of you and the rest of the instructors and staff involved in this program, my entire experience at the U. of O. has been a very positive one. Thanks again for everything.

Sincerely,



COMMUNITY MENTAL HEALTH DIVISION
Health Department
530 NW 27th Street
Corvallis, OR 97330-4777

Administration	Community Support Program	Chemical Dependency Program
(503) 757-6844	(503) 757-6896	(503) 757-6850
Family Outpatient Services	**TTY (503) 757-6835**	**Developmental Disabilities**
(503) 757-6844	FAX (503) 757-6899	(503) 757-6847

September 16, 1992

Dr. Jane Squires
Center on Human Development
Clinical Services Building
University of Oregon
Eugene, OR 97403-1211

Dear Dr. Jane Squires:

It is with great pleasure and pride that I have the opportunity to express my support for the Rural Early Intervention Training Project (R.E.I.T.). The R.E.I.T. has given me the chance to increase my knowledge and skill level far beyond my initial expectations.

Just the mere fact of traveling the 240 miles from 0 to our area, allowed me to continue full time employment as an Early Intervention Casemanager. Adjustments and scheduling changes were minimal on my part to actively and fully participate in the educational experience. In addition, the financial support provided by this program was greatly appreciated. Without the schedule flexibility and financial resources, I would not have had the opportunity to participate in the R.E.I.T. program. The knowledge earned through this educational experience was invaluable when I changed work roles. I was able to immediately identify the areas needing change within the linked system and advocate for change.

Even though I changed employers, and worked three (3) hours away from Bend, I never felt that I had lost the communication needed with the professors or practicum staff. The individual attention and the wealth of knowledge provided from the practicum supervisors was extremely helpful.

My heartfelt thanks for providing such a comprehensive and state of the art educational experience.

Sincerely,

Barb Lyons
E.I. Coordinator

BL/cb 01-728

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CENTRAL OREGON EARLY INTERVENTION
Early Childhood Special Ed.
520 NW Wall St.
Bend, OR 97701
(503) 385-5253

September 15, 1992

Diane Bricker, PhD.
University of Oregon
Clinical Services
901 E. 18th
Eugene, OR 97403

Dear Dr. Bricker,

Several early intervention programs in our local area have benefitted in many respects from the Rural Early Intervention Training Program that has been provided by the University of Oregon. I would like to take this opportunity to express my support for this program and describe the continuing need that exists in our area.

I commend the time and effort that the University of Oregon has put into providing this program. They have been sensitive to professional needs and capabilities and tailored a training program that is useful and applicable. This training program became a valuable resource in our area this year and the need for a similar training program continues to be high.

Early intervention services have been available to families in our rural Central Oregon area for nearly 16 years. Many of the programs providing these services were initially developed by groups of parents with very limited resources and knowledge, but strong commitment and creative energies. In those sixteen years those programs have gained strong support from the community and organized networks of agency coordination which have enabled them to provide families with numerous state of the art opportunities. We are proud of the system of services that we are able to provide within our available resources, however one issue continues to seriously interfere with the provision of quality services.

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That issue, is the lack of qualified personnel available to staff these programs adequately. We often search for months or even years for people with an educational background and experience in early childhood education and rarely are able to hire an individual with training in early childhood special education. Occasionally we are fortunate enough to find an individual who shows an apptitude for teaching and a commitment to early intervention, but they must then move out of the area to obtain a college degree. Resources for obtaining even a four year degree in this area are limited in availability and focus and opportunities for completing a Master's level program have been non-existent up until the University of Oregon began the Rural Early Intervention Training Program.

This training program has allowed local early interventionists to increase and gain confidence in their skill level and several individuals in northern Central Oregon are now excited about the opportunity to participate in a program such as this.

Sincerely,

Peggy Freund

Peggy Freund
Early Intervention Coordinator
Crook/Jefferson Counties

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(503) 474-5365

JOSEPHINE COUNTY
MENTAL HEALTH PROGRAM

714 NORTHWEST "A" STREET
GRANTS PASS, OREGON 97526

September 14, 1992

Jane Squires, Ph.D.
Early Intervention Program
University of Oregon
901 E 18th Street
Eugene, OR 97403

Dear Jane,

Well I signed M.S after my name for the first time the other day and it sure felt good! I really want to thank you and the University for all you have done to help me achieve my personal and professional goals. Without the Rural Early Intervention Grant for training I might not have been able to realize my dream of obtaining my Masters degree. The program's design allowed me to continue working while I studied, and to apply valuable new learning to my work situation. As a result, I now have my degree and Josephine County Early Intervention Services has a completed program evaluation and a model integrated infant and toddler center, both undertaken as University projects. The information I gained in the areas of team and interagency collaboration, family focused service delivery, assessment and intervention techniques has helped to solidify our program's philosophy, and to point out to me the importance of that philosophy driving everything we do as an agency.

I understand that you are applying for grant funding to continue the program in other rural areas of Oregon. I'd like to offer my wholehearted support for that effort. As enrollment of children in Early Intervention and Early Childhood Special Education programs continues to increase, the need for trained professionals becomes even more acute. In Southern Oregon particularly, we are seeing a significant migration of families from California (escaping earthquakes, overcrowding, state budget difficulties, and an astronomical cost of living) and this sudden population increase is stressing our system. Local budget cuts are, however, scaring away some of the professionals who could help us manage this influx. In addition, new state Administrative rules for complying with IDEA will soon require that staff meet a list of competencies demonstrating their ability to provide early intervention services. As a program administrator I am worried that I may not have qualified candidates to select from as the program grows. The University of Oregon's Rural Outreach grant for training Early Intervention professionals could help rectify that situation, by continuing the high quality program that was available to me.

Please let me know what I can do to ensure that Oregon's families and the professionals who work with them continue to benefit from your program's expertise and its flexible design. And again, thanks for all you've done for me!

Sincerely,

Pam Thompson Arbogast, MS

Pam Thompson Arbogast, MS
Early Intervention Supervisor